

State: Arkansas **Filing Company:** Globe Life and Accident Insurance Company
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY
Project Name/Number: GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY/GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY

Filing at a Glance

Company: Globe Life and Accident Insurance Company
Product Name: GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY
State: Arkansas
TOI: H03G Group Health - Accidental Death & Dismemberment
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Filing Type: Form
Date Submitted: 08/17/2012
SERFF Tr Num: AMLC-128642672
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GGR3TAD

Implementation: On Approval
Date Requested:
Author(s): Monica Spearman
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/07/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY	Status of Filing in Domicile: Authorized
Project Number: GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY	Date Approved in Domicile: 08/06/2012
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Trust	Overall Rate Impact:
Filing Status Changed: 09/07/2012	
State Status Changed: 09/07/2012	Deemer Date:
Created By: Monica Spearman	Submitted By: Monica Spearman
Corresponding Filing Tracking Number:	

Filing Description:

We are submitting the attached forms for your review and approval.

Form GGR3TAD is a group accidental death and dismemberment policy.

Form GGR3TADC is the certificate.

Form H400 is the enrollment application.

These forms provide benefits for any covered person who suffers loss of life or dismemberment as a result of bodily injury caused by an accident.

This product is guaranteed issue and will be mass marketed by direct response.

I hereby certify that I have carefully reviewed these forms and determined:

1. The forms are new and do not replace any forms previously approved by your Department.
2. The forms conform to all insurance statutes and Department requirements of your jurisdiction.
3. The forms contain no provisions previously disapproved by your department.
4. The forms do not contain any unusual or unorthodox provisions and wording.
5. The forms have been approved in Nebraska our state of Domicile.

I respectfully request your favorable review and approval. We appreciate your consideration of these forms.

For questions, please feel free to call (214) 544-5328 or e-mail me at mspearman@torchmarkcorp.com.

Sincerely,

Monica Spearman FLMI, ACS, AIAA, AIRC

Senior Compliance Analyst

Globe Life And Accident Insurance Company

mspearman@torchmarkcorp.com

214.544.5328

Company and Contact

State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
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Filing Contact Information

Monica Spearman, Compliance Analyst mspearman@torchmarkcorp.com
3700 S. Stonebridge Drive 214-544-5328 [Phone]
McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company	CoCode: 91472	State of Domicile: Nebraska
204 North Robinson Avenue	Group Code: 290	Company Type: Life and Health
Oklahoma City, OK 73102	Group Name: Liberty National	State ID Number:
(405) 270-1400 ext. [Phone]	FEIN Number: 63-0782739	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50 PER FORM X 3 FORMS = \$150.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Globe Life and Accident Insurance Company	\$150.00	08/17/2012	61788932

State:	Arkansas	Filing Company:	Globe Life and Accident Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2012	09/07/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/17/2012	08/17/2012

Response Letters

Responded By	Created On	Date Submitted
Monica Spearman	08/28/2012	08/28/2012

State:	Arkansas	Filing Company:	Globe Life and Accident Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
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Disposition

Disposition Date: 09/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	ACTUARIAL MEMORANDUM, STATEMENT OF VARIABILITY, RATES	Approved-Closed	No
Form	GGR3TAD	Approved-Closed	Yes
Form (revised)	GGR3TADC(AR)	Approved-Closed	Yes
Form	GGR3TADC	Replaced	Yes
Form (revised)	H400(03)	Approved-Closed	Yes
Form	H400	Replaced	Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/17/2012
Submitted Date	08/17/2012
Respond By Date	

Dear Monica Spearman,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- GGR3TADC, GGR3TADC (Form)

Comments:

Please refer to the 60-day period for coverage for minors for whom the insured has filed a petition to adopt. ACA 23-79-137.

Objection 2

- H400, H400 (Form)

Comments:

The enrollment form must contain a Fraud Statement as outlined under ACA 23-66-503.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/28/2012
Submitted Date	08/28/2012

Dear Rosalind Minor,

Introduction:

Response 1

Comments:

Please find attached a revised GGR3TADC(AR) specifically page 6 under Newborn Children provision where the language has been included to comply with ACA 23-79-137.

Related Objection 1

Applies To:

- GGR3TADC, GGR3TADC (Form)

Comments:

Please refer to the 60-day period for coverage for minors for whom the insured has filed a petition to adopt. ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

State: Arkansas
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Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	GGR3TADC(AR)	CER	GGR3TADC(AR)	Initial	51.000	GGR3TADC(AR).pdf	Date Submitted: 08/28/2012 By: Monica Spearman
<i>Previous Version</i>							
1	GGR3TADC	CER	GGR3TADC	Initial	51.000	GGR3TADC.pdf	Date Submitted: 08/28/2012 By: Monica Spearman

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please find attached a revised enrollment application H400(03). The fraud language has been added as required by ACA 23-66-503.

Related Objection 2

Applies To:

- H400, H400 (Form)

Comments:

The enrollment form must contain a Fraud Statement as outlined under ACA 23-66-503.

Changed Items:

No Supporting Documents changed.

State:	Arkansas	Filing Company:	Globe Life and Accident Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
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Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	H400(03)	AEF	H400(03)	Initial	58.000	H400(03).pdf	Date Submitted: 08/28/2012 By: Monica Spearman
<i>Previous Version</i>							
1	H400	AEF	H400	Initial	58.000	H400.pdf	Date Submitted: 08/28/2012 By: Monica Spearman

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your consideration.

Sincerely,

Monica Spearman

State:	Arkansas	Filing Company:	Globe Life and Accident Insurance Company
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Form Schedule

Lead Form Number: GGR3TAD							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/07/2012	GGR3TAD	POL	GGR3TAD	Initial:	56.000	GGR3TAD.pdf
2	Approved-Closed 09/07/2012	GGR3TADC(A R)	CER	GGR3TADC(AR)	Initial:	51.000	GGR3TADC(AR).pdf
3	Approved-Closed 09/07/2012	H400(03)	AEF	H400(03)	Initial:	58.000	H400(03).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

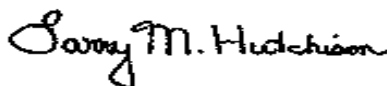
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

**ADMINISTRATIVE OFFICE: GLOBE LIFE CENTER, OKLAHOMA CITY, OK 73184
(The "Company")**

Group Policy Number: [GLCC-1]
Holder: [Globe Family Services Trust]
Group Effective Date: [July 1, 2012]

In consideration of the provisions of the Application for this policy, which is attached, and payment of the premium, the Company hereby agrees to pay benefits provided by the terms, riders, endorsements and amendments hereto which are signed by the Company. The terms shall determine the rights and obligations of all persons and legal entities under this policy.

Signed for Globe Life and Accident Insurance Company as of the Group Effective Date.



Secretary



President

Countersigned by:

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY

ELIGIBILITY

Persons specified in the application for this policy or relatives of such persons are eligible persons for insurance afforded by the policy, subject to the Company's issue age limits.

EFFECTIVE DATE OF GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE COVERAGE

Insurance may be requested for any eligible person by completing an enrollment form and making the necessary premium payment. If an eligible person meets the underwriting standards of the Company and is accepted for insurance coverage by the Company, the insurance will become effective on the Effective Date shown on the eligible person's certificate.

But, in no case shall coverage take effect on any date prior to the Group Effective Date of this policy.

TERMINATION OF COVERAGE

The coverage of any Covered Person shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid.

Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned.

BENEFITS

ACCIDENTAL DEATH OR DISMEMBERMENT BENEFIT - Upon due proof of the death of an Insured, We will pay the Amount of Insurance shown in the Schedule of Benefits of the Insured's Certificate.

ASSIGNABILITY - An absolute assignment by a Certificate Holder of all the incidents of ownership of his Accidental Death & Dismemberment Insurance will be permitted. However, We will not be bound by any assignment unless:

- a) It is in writing; and
- b) Acknowledged by Us at Our Administrative Office.

We will not be responsible for the validity of any such assignments.

GENERAL MATTERS

GROUP EFFECTIVE DATE - CONTINUATION OF POLICY - This policy takes effect on the Group Effective Date specified in the application for the period for which premium is paid and, unless terminated, continues in force as long as any person remains insured hereunder, in accordance with the conditions provided herein.

PAYMENT OF PREMIUM - Premiums are based on the age of the Insured as well as the year certificates were issued.

NON-PARTICIPATING - This policy is a non-participating policy.

NOTICE OF CERTIFICATE HOLDER'S 30 DAY RIGHT TO EXAMINE CERTIFICATE - If the Certificate Holder decides he does not want this coverage, he may return the Certificate within 30 days after receiving it. We will then refund any premium paid and the Certificate will never have been in effect. paid.

POLICY PROVISIONS

ENTIRE CONTRACT: CHANGES - This policy, the application, and the endorsements and other attached papers signed by the Company, if any, and each individual enrollment form constitute the entire contract between the parties. In the absence of fraud, all statements made in the application and individual enrollment forms shall be deemed representations and not warranties, and no statement made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in a written instrument signed by the applicant, a copy of which has been made a part of the contract and furnished to the applicant.

No change in this Policy shall be valid until approved by an executive officer (President, Vice President, Secretary or Assistant Secretary) of the Company and unless such approval is endorsed on or attached to this policy.

INCONTESTABILITY - After the Insured's insurance has been in force for two years during the Insured's lifetime, We will not question the validity of the insurance, except for non-payment of premium.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which on its Group Effective Date is in conflict with the statutes of the jurisdiction in which this policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

CERTIFICATES - The Company will furnish, for delivery to each Certificate Holder, a certificate setting forth in summary form a statement of essential features of coverage, procedures to be followed in making claims and a statement as to whom benefits are payable.

STATEMENTS - In absence of fraud, all statements made by the Certificate Holder will be deemed representations and not warranties. No such representation will void the insurance or be used to deny a claim unless a copy (or a conformed copy thereof) of the instrument containing such representation is or has been furnished to the Certificate Holder or his beneficiary, if any.

ADMINISTRATION

All information which the Company may reasonably require about all matters concerning this policy shall be provided by the Holder through its Administrator, if any. All documents, books and records which may affect the insurance or premiums may be inspected by the Company at all reasonable times until final determination of all rights and obligations under this policy.

Mistake or delay in keeping any records, or misstatement of any relevant fact pertaining to any person shall not affect coverage, invalidate coverage in force or continue coverage which was, or should have been terminated, but shall require an equitable adjustment of premium or of benefits or both. The facts shall determine whether coverage is in force and in what amount.

In the administration of this policy there shall be no unfair discrimination among individuals in the same or similar circumstances, and the Company may rely on the actions of the Holder's Administrator, if any, without having to inquire into the circumstances.

Waiver of any provision of this policy (by the Company or others) at any time or times shall not be deemed to waive or modify it or render it partially or wholly unenforceable at any other time, whether the circumstances are the same or not.

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184

ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE

THIS IS A LEGAL CONTRACT BETWEEN YOU AND
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY.

READ YOUR CERTIFICATE CAREFULLY.

Globe Life And Accident Insurance Company (herein called "we," "us" or "our") has issued this Certificate to the Insured (herein called "you," "your" or "yours"). Coverage is provided to you, the Insured, and any covered family members, subject to all the exclusions and provisions of this Certificate.

30 DAY RIGHT TO EXAMINE CERTIFICATE

If you are not satisfied with this insurance, you may void it by returning this Certificate within 30 days after you receive it to our Administrative Office. You will receive a full refund of any premium you have paid.

NONCANCELABLE AND GUARANTEED RENEWABLE FOR LIFE

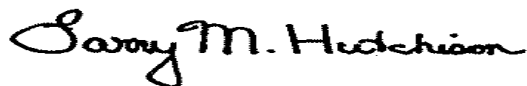
You may keep this Certificate in force for as long as you live. We do not have the right to:

1. Cancel your coverage; or
2. Place any restriction on your coverage while it is in force; or
3. Refuse a premium paid on or before the date due or within the Grace Period.

Renewal premiums may not be increased.

When a person is added to or removed from coverage, the premium amount may be adjusted to reflect the change in coverage. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid by the end of the Grace Period.

This Certificate is signed for Globe Life and Accident Insurance Company by its Secretary and its President.



Secretary



President

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

SCHEDULE OF INSURANCE

CERTIFICATE NUMBER: [72A0000000]

EFFECTIVE DATE: [07/01/2012]

**INSURED: [JOHN DOE]
[1234 ANY STREET]
[ANYTOWN, DE 12345]**

FAMILY COVERAGE: [YES]

INITIAL PREMIUM: [\$1.00]

INITIAL PERIOD: [30 DAYS]

MONTHLY PREMIUM AFTER THE FIRST [30 DAYS: \$14.01]

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

PRINCIPAL SUMS:

AMOUNT

COVERED PERSONS UNDER AGE 70:	INSURED	SPOUSE	EACH CHILD
PART I COMMON CARRIER	[\$1,000,000]	[\$ 500,000]	[\$ 20,000]
PART II LAND MOTOR VEHICLE	[\$ 100,000]	[\$ 50,000]	[\$ 2,500]
PART III ALL OTHER INJURIES	[\$ 90,000]	[\$ 45,000]	[\$ 2,500]

COVERED PERSONS AGE 70 AND OVER:

BENEFITS ARE ONE-HALF (50%) OF THE ABOVE AMOUNTS IF, BEFORE THE DATE OF INJURY RESULTING IN A COVERED LOSS, THE COVERED PERSON HAS ATTAINED AGE 70.

ONLY ONE BENEFIT, THE LARGEST, FOR EACH COVERED PERSON WILL BE PAID FOR MULTIPLE LOSSES THAT RESULT FROM ONE ACCIDENT.

TABLE OF CONTENTS

	Page		Page
Beneficiary	5	Newborn Children	6
Continuation of Coverage.....	5	Reduction	5
Coverage	4	Renewability	1
Definitions.....	3	Right to Examine	1
Effective Date.....	4	Schedule of Benefits.....	4
Exclusions	5	Schedule of Insurance	2
General Provisions.....	6	Termination.....	4

DEFINITIONS

ACCIDENT means a fortuitous event, unforeseen and unintended.

ACCIDENTAL BODILY INJURY means unexpected traumatic damage to the Insured's body of external origin.

INSURED (herein called "you," "your," or "yours") means you, the Insured named on the Schedule of Insurance, provided coverage has become effective.

COVERED PERSON means, for coverage purposes only, the Insured and the following persons, provided family coverage as specified in the Schedule of Insurance has become effective:

1. Your spouse; and
2. Each of your children (including step-children, or legally adopted children, foster children upon placement in the foster home, or dependent children in the waiting period prior to finalization of proposed adoption by either you or your spouse) 25 years of age or younger, unmarried and dependent upon you for support and maintenance.;

A foster child is a minor, the primary sole custody of whom has been assigned by order of a court of competent jurisdiction.

INJURY for which benefits are provided, means Accidental Bodily Injury sustained by the Covered Person which is caused by an Accident which occurs while this Certificate is in force and is the direct cause of Loss, independent of all other causes.

INJURED means having suffered an Injury.

LOSS means:

1. Loss of Life;
2. With reference to hand or foot, complete severance at, through, or above the wrist or ankle joint; and
3. With reference to eye, the total and irrecoverable loss of the entire sight thereof.

Loss does not mean loss of use.

LAND MOTOR VEHICLE includes any gasoline, diesel, or similarly powered vehicle which is required to be registered with the state for use on public highways, customarily used for transportation on land and for which the operator is required to be licensed.

This category includes, but is not limited to the following:

1. Four-wheeled vehicles which are not registered to carry passengers for hire and are of the pleasure type; and
2. Vehicles with more than four wheels, such as tractor/trailer rigs and flat bed trucks; and
3. Two-wheeled vehicles such as motorcycles and motor scooters.

Farm equipment, forklifts, construction equipment, all-terrain vehicles, snowmobiles and vehicles designed primarily for off road use are specifically excluded under Land Motor Vehicle.

COMMON CARRIER means a public conveyance which is:

1. Licensed to transport passengers for hire; and
2. Provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with a definite regularly published schedule of departures and arrivals between established and recognized points of departure and arrival, and
3. Provided and operated under a valid Common Carrier license issued by a duly constituted authority having jurisdiction in the state or country in which said conveyance operates at the time of its collision, crash, burning or sinking.

The following modes of transportation are specifically excluded under Common Carrier:

1. Chartered transportation, including buses, airplanes, helicopters and boats; and
2. Taxis, limousines and shuttle services; and
3. School buses and vans.

EFFECTIVE DATE

Coverage shall become effective on the date shown on the Schedule of Insurance.

TERMINATION

Coverage ends on the last day of the period covered by your last premium payment, subject to the Grace Period provision.

You may cancel this Certificate upon notice to us. Notice is deemed to be due or given when made in writing, or communicated verbally by telephone or in person, or by any other means acceptable to us.

COVERAGE

PART I - BENEFIT FOR TRAVEL BY COMMON CARRIER

If a Covered Person is Injured as a direct result of a collision, crash, burning or sinking of a duly licensed Common Carrier while riding as a fare paying passenger inside such Common Carrier, we will pay the applicable benefit listed in Part I of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Benefits.

PART II - BENEFIT FOR TRAVEL BY LAND MOTOR VEHICLE

If a Covered Person is Injured:

1. By being struck by a Land Motor Vehicle, or
2. As a direct result of a collision, crash or burning of a Land Motor Vehicle

We will pay the applicable benefit specified in Part II of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Benefits.

PART III - BENEFIT FOR ALL OTHER INJURIES RESULTING IN A LOSS

If a Covered Person is Injured in an Accident not covered under Part I or Part II and not otherwise excluded in the Certificate, we will pay the applicable benefit specified in Part III of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Benefits.

SCHEDULE OF BENEFITS

If, as a result of Injury occurring under any of the circumstances listed in the Coverage section, and not otherwise excluded, a Covered Person suffers any of the following Losses within 90 days after the date of an Accident which caused such Injury, we will pay the benefit shown:

<u>LOSS</u>	<u>BENEFIT</u>
Life	The Principal Sum
Both Hands or Both Feet	
or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and Sight of One Eye	The Principal Sum
One Foot and Sight of One Eye	The Principal Sum
One Hand or One Foot or	
Sight of One Eye	One-Half the Principal Sum

Principal Sums for each Covered Person are as specified in the Schedule of Insurance. Only one benefit, the largest, for each Covered Person will be paid for multiple Losses that result from one Accident.

EXCLUSIONS

No benefit shall be paid for a Loss from an Injury that is caused by, results from or is contributed to by:

1. War, or act of war, whether declared or not; or
2. The Covered Person's:
 - (a) Disease, sickness, bodily infirmity, or medical or surgical treatment of these;
 - (b) Suicide or intentionally self-inflicted injury, or any attempt of either of these while sane or insane (reference to insane not applicable in Missouri);
 - (c) Being under the influence of any drug, narcotic, or controlled substance unless taken and used as prescribed by a physician;
 - (d) Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
 - (e) Being under the influence of alcohol (having a blood alcohol of .08 percent weight by volume or higher);
 - (f) Participation in any contest of speed or endurance;
 - (g) Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
 - (h) Air travel except as a fare paying passenger on a regularly scheduled commercial flight;
 - (i) Taking part in a riot, insurrection, armed conflict, or terrorist act;
 - (j) Skydiving, scuba diving, hang gliding, or hot air ballooning;
 - (k) Committing or attempting to commit an assault, felony, or any other illegal act;
 - (l) Service in the military, naval or air services of any country (combat or training exercises); or
 - (m) Injury intentionally inflicted by another due to gang related activity unless you are an innocent bystander not involved in any such activity.
3. Travel by Common Carrier:
 - (a) While the Covered Person is a resident outside the United States or Canada; or
 - (b) If travel on a Common Carrier does not depart from or arrive within the United States or Canada.

REDUCTION

All benefits will reduce by one-half (50%) of that otherwise payable if, before the date of Injury resulting in a covered Loss, the Covered Person attains age 70.

BENEFICIARY

All benefits are payable to you, if living. Unless you specify otherwise, any other benefit due for Loss of Life will be paid as follows:

1. At your death, it will be paid to your spouse, if living; otherwise, to your estate.
2. At the death of any other Covered Person, it will be paid to you, if living; otherwise, as though it were payable under (1) above.

Any payment made under this section will fully release the Company to the extent of the payment. The beneficiaries designated may be changed in accordance with the Change of Beneficiary Provision, subject to the community property laws in your state of residence.

CONTINUATION OF COVERAGE

In the event of your death, your covered spouse, if any, shall be deemed the Insured. Otherwise, the coverage will terminate on the next renewal date. If your spouse ceases to be your spouse for reasons other than your death, your spouse will no longer be covered as of the next monthly renewal date.

Coverage for any covered child Insured under this Certificate shall terminate as of the next renewal date after the covered child's marriage or 26th birthday, whichever occurs first. A covered child may continue to be covered if upon reaching the limiting age the covered child is, and continues thereafter to be, both:

1. Incapable of self-sustaining employment by reason of mental or physical handicap; and
2. Chiefly dependent upon you for support and maintenance.

You must write and tell us a covered child meets the above requirements for Continuation of Coverage. We may require periodic proof of continued eligibility for Continuation of Coverage, not more frequently than annually after the child's attainment of the limiting age.

NEWBORN CHILDREN

If your spouse or any children are already covered under this Certificate and a child is born to you, the benefit amount for the newborn child will be the same as for other children. If no other child is covered under this Certificate, the benefit will be the amount which would have been issued to children as of the Effective Date of this Certificate.

Foster children shall be treated the same as newborn infants and eligible for coverage on the same basis upon placement in the foster home.

This Certificate will provide benefits to minor children placed under the charge, care, and control of the insured whom the insured has filed a petition to adopt and shall be treated under the same terms and conditions that apply to the natural, dependent children of covered persons, irrespective of whether the adoption has become final. The coverage required by this section shall begin on the date of the filing of a petition for adoption if the insured applies for coverage within sixty (60) days after the filing of the petition for adoption. However, the coverage required by this section shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of the minor. The coverage required by this section shall terminate upon the dismissal or denial of a petition for adoption.

If neither your spouse nor another child is covered under this Certificate, you must notify us of the birth of a child if you wish to add child coverage. There will be an increase in the premium as of the next monthly renewal date after we have been notified of the child's birth. The child is covered free from the time of notification until the monthly renewal date. The child will be dropped from coverage if the increased premium is not paid within 31 days after the monthly renewal date. The child's benefit will be the amount which would have been issued to children as of the Effective Date of this Certificate.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

This Certificate and any endorsements or attached papers, if any, constitutes the entire contract of insurance. No change in this Certificate will be valid until approved by an Executive Officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Certificate or waive any of its provisions.

INCONTESTABILITY

We cannot contest this Certificate except for fraud or for not paying premiums.

CHANGE OF BENEFICIARY

You may change a beneficiary at any time by filing a satisfactory request with Us. The change will take effect when recorded by Us. Once We record it the change will take effect from the date you completed your request, but the change will not affect any payment We made or action We took before the change was recorded.

PAYMENT OF PREMIUM

Premiums are payable at our Administrative Office. Each premium is payable in advance on or before its due date. The due date means the date a premium is due to maintain coverage, exclusive of the Grace Period. Failure to pay any premium, after the initial premium, on or before its due date will constitute default in payment of premium as of the due date.

GRACE PERIOD

If a premium is not paid when due, the insurance shall be in default. We will allow a 31-day Grace Period to pay each premium after the first one. If a premium is not paid on or before the end of the Grace Period, the insurance shall terminate effective the last day of the period covered by your last premium payment. No benefits are paid for a Loss or Injury occurring after the expiration of the Grace Period.

REINSTATEMENT

Your Certificate will lapse if you do not pay your premium before the end of the Grace Period. If we later accept a premium and do not require an application for reinstatement that payment will put the Certificate back in force on the date such payment is received in our Administrative Office. If we require an application for reinstatement, this Certificate will be put back in force when we approve it and the required premium is received. The reinstated Certificate only covers Loss due to an Injury caused by an Accident that occurs after the date of reinstatement. In all other respects, you and we have the same rights under the Certificate as were in effect before it lapsed, unless special conditions are added in connection with the reinstatement.

NOTICE OF CLAIM

Written Notice of Claim must be given to us within 30 days after any Loss covered under the Certificate occurs or as soon as possible thereafter. You may give the notice or may have someone do it for you. The notice should include your name and Certificate Number as shown on the Schedule of Insurance. Notice should be mailed to us at our Administrative Office.

CLAIM FORMS

When we receive the Notice of Claim, we will send the claimant forms and instructions for filing Proof of Loss. We must receive this statement within the time given for filing Proof of Loss.

PROOF OF LOSS

Written Proof of Loss must be given to us within 180 days after the date of the Loss or as soon as possible thereafter. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

MISSTATEMENT OF AGE

If the age of a Covered Person has been misstated, all amounts payable shall be in the amount the premium paid would have bought for the correct age. If, as a result of misstatement, we accept a premium for any period when coverage would not normally have been in effect, then our liability for such period shall be a refund, upon request, of all premiums paid for such period.

TIME OF PAYMENT OF CLAIMS

We will pay all benefits covered by the Certificate as soon as we receive proper written Proof of Loss sufficient to determine liability.

PAYMENT OF CLAIMS

All benefits are payable to you, if living. Loss of Life benefits for you are payable in accordance with the beneficiary designation in effect at the time of death. Any benefits, other than for Loss of Life, unpaid at your death may be paid, at our option, either to your beneficiary or estate.

PHYSICAL EXAM AND AUTOPSY

At our expense, we shall have the right to examine a Covered Person when and as often as is reasonable while a claim is pending. We may also have an autopsy done in case of death where it is not forbidden by law.

LEGAL ACTIONS

No action can be brought to recover on the Certificate for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.

CONFORMITY WITH STATE STATUTES

The provisions of this Certificate must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.

NON-PARTICIPATION

This contract does not participate in Our surplus or earnings.

OTHER INSURANCE IN THIS COMPANY

If a Covered Person is Insured under more than one Accidental death or dismemberment policy, certificate, rider or endorsement in effect with Us or any Torchmark Corporation affiliate at the time of the Covered Person's Loss, the total amount of Benefit for Travel by Common Carrier for such Covered Person's Loss is limited to \$1,000,000. Any Benefit for Travel by Common Carrier in excess of \$1,000,000 will be void and all premiums paid for such excess shall be returned to your beneficiary.

ENROLLMENT FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • OKLAHOMA CITY, OKLAHOMA

YES! Please enroll me and my eligible family members (if family plan is selected) for this optional Group Accidental Death and Dismemberment Insurance Plan.

The coverage I want is:

[☐ Family coverage at \$16.60 per month] [☐ Individual coverage at \$10.95 per month]

Proposed Insured (Please Print)

(First Name) (Middle Initial) (Last Name)
Address _____ Apt. _____ City _____ State _____ Zip _____

Date of Birth (Required) ____/____/____ Male ☐ Female ☐
Mo Day Yr

Telephone(____) _____ E-Mail Address _____
(Telephone and E-mail Address for Customer Service Use Only)

Beneficiary Designation: All benefits will be paid to you if living. Unless you specify below, any other benefit will be paid to your then-living lawful spouse; otherwise to your then-living lawful children, if any (including stepchildren and adopted children); otherwise equally to your then-living parents or parent; otherwise to your estate.

Beneficiary To Be Paid At Proposed Insured's Death (Please Print)

Relationship To Proposed Insured (Please Print)

I understand that if I send in my enrollment form and do not select a coverage option above, I will be enrolled for individual coverage. I also understand that in order to enroll for this coverage, I must be age 18 through 80, and reside in a state in which this insurance coverage may legally be offered. I also understand that benefits reduce by one-half when a covered person attains age 70. My coverage can never be canceled as long as I pay my premiums and my renewal premiums can never be increased. I may discontinue my coverage at any time. My coverage will become effective on the date stated on my Certificate Schedule Page. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Proposed Insured Signature **X** _____ Date ____ Mo ____ Day ____ Yr

This enrollment with check or cash should be mailed in the return envelope enclosed. Make check payable to Globe Life And Accident Insurance Company.

State:	Arkansas	Filing Company:	Globe Life and Accident Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY		
Project Name/Number:	GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY/GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/07/2012
Comments:			
Attachment(s):			
S1351GL.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/07/2012
Comments:	H400 is pending your approval in this filing.		

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

	<u>FORM</u>	<u>SCORE</u>
POLICY:	GGR3TAD	56
CERTIFICATE:	GGR3TADC	51
APPLICATION:	H400	58



Michael J. Gaisbauer, Vice President

August 17, 2012
Date

State:	Arkansas	Filing Company:	Globe Life and Accident Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY		
Project Name/Number:	GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY/GGR3TAD - ACCIDENTAL DEATH AND DISMEMBERMENT POLICY		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/15/2012	Form	GGR3TADC	08/28/2012	GGR3TADC.pdf (Superceded)
08/15/2012	Form	H400	08/28/2012	H400.pdf (Superceded)

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184

ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE

THIS IS A LEGAL CONTRACT BETWEEN YOU AND
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY.

READ YOUR CERTIFICATE CAREFULLY.

Globe Life And Accident Insurance Company (herein called "we," "us" or "our") has issued this Certificate to the Insured (herein called "you," "your" or "yours"). Coverage is provided to you, the Insured, and any covered family members, subject to all the exclusions and provisions of this Certificate.

30 DAY RIGHT TO EXAMINE CERTIFICATE

If you are not satisfied with this insurance, you may void it by returning this Certificate within 30 days after you receive it to our Administrative Office. You will receive a full refund of any premium you have paid.

NONCANCELABLE AND GUARANTEED RENEWABLE FOR LIFE

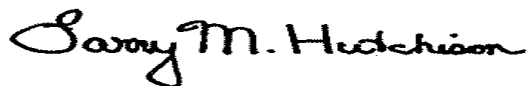
You may keep this Certificate in force for as long as you live. We do not have the right to:

1. Cancel your coverage; or
2. Place any restriction on your coverage while it is in force; or
3. Refuse a premium paid on or before the date due or within the Grace Period.

Renewal premiums may not be increased.

When a person is added to or removed from coverage, the premium amount may be adjusted to reflect the change in coverage. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid by the end of the Grace Period.

This Certificate is signed for Globe Life and Accident Insurance Company by its Secretary and its President.



Secretary



President

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

SCHEDULE OF INSURANCE

CERTIFICATE NUMBER: [72A0000000]

EFFECTIVE DATE: [07/01/2012]

**INSURED: [JOHN DOE]
[1234 ANY STREET]
[ANYTOWN, DE 12345]**

FAMILY COVERAGE: [YES]

INITIAL PREMIUM: [\$1.00]

INITIAL PERIOD: [30 DAYS]

MONTHLY PREMIUM AFTER THE FIRST [30 DAYS: \$14.01]

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

PRINCIPAL SUMS:

AMOUNT

COVERED PERSONS UNDER AGE 70:	INSURED	SPOUSE	EACH CHILD
PART I COMMON CARRIER	[\$1,000,000]	[\$ 500,000]	[\$ 20,000]
PART II LAND MOTOR VEHICLE	[\$ 100,000]	[\$ 50,000]	[\$ 2,500]
PART III ALL OTHER INJURIES	[\$ 90,000]	[\$ 45,000]	[\$ 2,500]

COVERED PERSONS AGE 70 AND OVER:

BENEFITS ARE ONE-HALF (50%) OF THE ABOVE AMOUNTS IF, BEFORE THE DATE OF INJURY RESULTING IN A COVERED LOSS, THE COVERED PERSON HAS ATTAINED AGE 70.

ONLY ONE BENEFIT, THE LARGEST, FOR EACH COVERED PERSON WILL BE PAID FOR MULTIPLE LOSSES THAT RESULT FROM ONE ACCIDENT.

TABLE OF CONTENTS

	Page		Page
Beneficiary	5	Newborn Children	6
Continuation of Coverage.....	5	Reduction	5
Coverage	4	Renewability	1
Definitions.....	3	Right to Examine	1
Effective Date.....	4	Schedule of Benefits.....	4
Exclusions	5	Schedule of Insurance	2
General Provisions.....	6	Termination.....	4

DEFINITIONS

ACCIDENT means a fortuitous event, unforeseen and unintended.

ACCIDENTAL BODILY INJURY means unexpected traumatic damage to the Insured's body of external origin.

INSURED (herein called "you," "your," or "yours") means you, the Insured named on the Schedule of Insurance, provided coverage has become effective.

COVERED PERSON means, for coverage purposes only, the Insured and the following persons, provided family coverage as specified in the Schedule of Insurance has become effective:

1. Your spouse; and
2. Each of your children (including step-children, or legally adopted children, foster children upon placement in the foster home, or dependent children in the waiting period prior to finalization of proposed adoption by either you or your spouse) 25 years of age or younger, unmarried and dependent upon you for support and maintenance.;

A foster child is a minor, the primary sole custody of whom has been assigned by order of a court of competent jurisdiction.

INJURY for which benefits are provided, means Accidental Bodily Injury sustained by the Covered Person which is caused by an Accident which occurs while this Certificate is in force and is the direct cause of Loss, independent of all other causes.

INJURED means having suffered an Injury.

LOSS means:

1. Loss of Life;
2. With reference to hand or foot, complete severance at, through, or above the wrist or ankle joint; and
3. With reference to eye, the total and irrecoverable loss of the entire sight thereof.

Loss does not mean loss of use.

LAND MOTOR VEHICLE includes any gasoline, diesel, or similarly powered vehicle which is required to be registered with the state for use on public highways, customarily used for transportation on land and for which the operator is required to be licensed.

This category includes, but is not limited to the following:

1. Four-wheeled vehicles which are not registered to carry passengers for hire and are of the pleasure type; and
2. Vehicles with more than four wheels, such as tractor/trailer rigs and flat bed trucks; and
3. Two-wheeled vehicles such as motorcycles and motor scooters.

Farm equipment, forklifts, construction equipment, all-terrain vehicles, snowmobiles and vehicles designed primarily for off road use are specifically excluded under Land Motor Vehicle.

COMMON CARRIER means a public conveyance which is:

1. Licensed to transport passengers for hire; and
2. Provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with a definite regularly published schedule of departures and arrivals between established and recognized points of departure and arrival, and
3. Provided and operated under a valid Common Carrier license issued by a duly constituted authority having jurisdiction in the state or country in which said conveyance operates at the time of its collision, crash, burning or sinking.

The following modes of transportation are specifically excluded under Common Carrier:

1. Chartered transportation, including buses, airplanes, helicopters and boats; and
2. Taxis, limousines and shuttle services; and
3. School buses and vans.

EFFECTIVE DATE

Coverage shall become effective on the date shown on the Schedule of Insurance.

TERMINATION

Coverage ends on the last day of the period covered by your last premium payment, subject to the Grace Period provision.

You may cancel this Certificate upon notice to us. Notice is deemed to be due or given when made in writing, or communicated verbally by telephone or in person, or by any other means acceptable to us.

COVERAGE

PART I - BENEFIT FOR TRAVEL BY COMMON CARRIER

If a Covered Person is Injured as a direct result of a collision, crash, burning or sinking of a duly licensed Common Carrier while riding as a fare paying passenger inside such Common Carrier, we will pay the applicable benefit listed in Part I of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Benefits.

PART II - BENEFIT FOR TRAVEL BY LAND MOTOR VEHICLE

If a Covered Person is Injured:

1. By being struck by a Land Motor Vehicle, or
2. As a direct result of a collision, crash or burning of a Land Motor Vehicle

We will pay the applicable benefit specified in Part II of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Benefits.

PART III - BENEFIT FOR ALL OTHER INJURIES RESULTING IN A LOSS

If a Covered Person is Injured in an Accident not covered under Part I or Part II and not otherwise excluded in the Certificate, we will pay the applicable benefit specified in Part III of the Schedule of Insurance for the appropriate Loss as shown in the Schedule of Benefits.

SCHEDULE OF BENEFITS

If, as a result of Injury occurring under any of the circumstances listed in the Coverage section, and not otherwise excluded, a Covered Person suffers any of the following Losses within 90 days after the date of an Accident which caused such Injury, we will pay the benefit shown:

<u>LOSS</u>	<u>BENEFIT</u>
Life	The Principal Sum
Both Hands or Both Feet	
or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and Sight of One Eye	The Principal Sum
One Foot and Sight of One Eye	The Principal Sum
One Hand or One Foot or	
Sight of One Eye	One-Half the Principal Sum

Principal Sums for each Covered Person are as specified in the Schedule of Insurance. Only one benefit, the largest, for each Covered Person will be paid for multiple Losses that result from one Accident.

EXCLUSIONS

No benefit shall be paid for a Loss from an Injury that is caused by, results from or is contributed to by:

1. War, or act of war, whether declared or not; or
2. The Covered Person's:
 - (a) Disease, sickness, bodily infirmity, or medical or surgical treatment of these;
 - (b) Suicide or intentionally self-inflicted injury, or any attempt of either of these while sane or insane (reference to insane not applicable in Missouri);
 - (c) Being under the influence of any drug, narcotic, or controlled substance unless taken and used as prescribed by a physician;
 - (d) Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
 - (e) Being under the influence of alcohol (having a blood alcohol of .08 percent weight by volume or higher);
 - (f) Participation in any contest of speed or endurance;
 - (g) Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
 - (h) Air travel except as a fare paying passenger on a regularly scheduled commercial flight;
 - (i) Taking part in a riot, insurrection, armed conflict, or terrorist act;
 - (j) Skydiving, scuba diving, hang gliding, or hot air ballooning;
 - (k) Committing or attempting to commit an assault, felony, or any other illegal act;
 - (l) Service in the military, naval or air services of any country (combat or training exercises); or
 - (m) Injury intentionally inflicted by another due to gang related activity unless you are an innocent bystander not involved in any such activity.
3. Travel by Common Carrier:
 - (a) While the Covered Person is a resident outside the United States or Canada; or
 - (b) If travel on a Common Carrier does not depart from or arrive within the United States or Canada.

REDUCTION

All benefits will reduce by one-half (50%) of that otherwise payable if, before the date of Injury resulting in a covered Loss, the Covered Person attains age 70.

BENEFICIARY

All benefits are payable to you, if living. Unless you specify otherwise, any other benefit due for Loss of Life will be paid as follows:

1. At your death, it will be paid to your spouse, if living; otherwise, to your estate.
2. At the death of any other Covered Person, it will be paid to you, if living; otherwise, as though it were payable under (1) above.

Any payment made under this section will fully release the Company to the extent of the payment. The beneficiaries designated may be changed in accordance with the Change of Beneficiary Provision, subject to the community property laws in your state of residence.

CONTINUATION OF COVERAGE

In the event of your death, your covered spouse, if any, shall be deemed the Insured. Otherwise, the coverage will terminate on the next renewal date. If your spouse ceases to be your spouse for reasons other than your death, your spouse will no longer be covered as of the next monthly renewal date.

Coverage for any covered child Insured under this Certificate shall terminate as of the next renewal date after the covered child's marriage or 26th birthday, whichever occurs first. A covered child may continue to be covered if upon reaching the limiting age the covered child is, and continues thereafter to be, both:

1. Incapable of self-sustaining employment by reason of mental or physical handicap; and
2. Chiefly dependent upon you for support and maintenance.

You must write and tell us a covered child meets the above requirements for Continuation of Coverage. We may require periodic proof of continued eligibility for Continuation of Coverage, not more frequently than annually after the child's attainment of the limiting age.

NEWBORN CHILDREN

If your spouse or any children are already covered under this Certificate and a child is born to you, the benefit amount for the newborn child will be the same as for other children. If no other child is covered under this Certificate, the benefit will be the amount which would have been issued to children as of the Effective Date of this Certificate.

Foster children shall be treated the same as newborn infants and eligible for coverage on the same basis upon placement in the foster home.

This Certificate will provide benefits to dependent children placed with covered persons for adoption under the same terms and conditions that apply to the natural, dependent children of covered persons, irrespective of whether the adoption has become final.

If neither your spouse nor another child is covered under this Certificate, you must notify us of the birth of a child if you wish to add child coverage. There will be an increase in the premium as of the next monthly renewal date after we have been notified of the child's birth. The child is covered free from the time of notification until the monthly renewal date. The child will be dropped from coverage if the increased premium is not paid within 31 days after the monthly renewal date. The child's benefit will be the amount which would have been issued to children as of the Effective Date of this Certificate.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

This Certificate and any endorsements or attached papers, if any, constitutes the entire contract of insurance. No change in this Certificate will be valid until approved by an Executive Officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Certificate or waive any of its provisions.

INCONTESTABILITY

We cannot contest this Certificate except for fraud or for not paying premiums.

CHANGE OF BENEFICIARY

You may change a beneficiary at any time by filing a satisfactory request with Us. The change will take effect when recorded by Us. Once We record it the change will take effect from the date you completed your request, but the change will not affect any payment We made or action We took before the change was recorded.

PAYMENT OF PREMIUM

Premiums are payable at our Administrative Office. Each premium is payable in advance on or before its due date. The due date means the date a premium is due to maintain coverage, exclusive of the Grace Period. Failure to pay any premium, after the initial premium, on or before its due date will constitute default in payment of premium as of the due date.

GRACE PERIOD

If a premium is not paid when due, the insurance shall be in default. We will allow a 31-day Grace Period to pay each premium after the first one. If a premium is not paid on or before the end of the Grace Period, the insurance shall terminate effective the last day of the period covered by your last premium payment. No benefits are paid for a Loss or Injury occurring after the expiration of the Grace Period.

REINSTATEMENT

Your Certificate will lapse if you do not pay your premium before the end of the Grace Period. If we later accept a premium and do not require an application for reinstatement that payment will put the Certificate back in force on the date such payment is received in our Administrative Office. If we require an application for reinstatement, this Certificate will be put back in force when we approve it and the required premium is received. The reinstated Certificate only covers Loss due to an Injury caused by an Accident that occurs after the date of reinstatement. In all other respects, you and we have the same rights under the Certificate as were in effect before it lapsed, unless special conditions are added in connection with the reinstatement.

NOTICE OF CLAIM

Written Notice of Claim must be given to us within 30 days after any Loss covered under the Certificate occurs or as soon as possible thereafter. You may give the notice or may have someone do it for you. The notice should include your name and Certificate Number as shown on the Schedule of Insurance. Notice should be mailed to us at our Administrative Office.

CLAIM FORMS

When we receive the Notice of Claim, we will send the claimant forms and instructions for filing Proof of Loss. We must receive this statement within the time given for filing Proof of Loss.

PROOF OF LOSS

Written Proof of Loss must be given to us within 180 days after the date of the Loss or as soon as possible thereafter. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

MISSTATEMENT OF AGE

If the age of a Covered Person has been misstated, all amounts payable shall be in the amount the premium paid would have bought for the correct age. If, as a result of misstatement, we accept a premium for any period when coverage would not normally have been in effect, then our liability for such period shall be a refund, upon request, of all premiums paid for such period.

TIME OF PAYMENT OF CLAIMS

We will pay all benefits covered by the Certificate as soon as we receive proper written Proof of Loss sufficient to determine liability.

PAYMENT OF CLAIMS

All benefits are payable to you, if living. Loss of Life benefits for you are payable in accordance with the beneficiary designation in effect at the time of death. Any benefits, other than for Loss of Life, unpaid at your death may be paid, at our option, either to your beneficiary or estate.

PHYSICAL EXAM AND AUTOPSY

At our expense, we shall have the right to examine a Covered Person when and as often as is reasonable while a claim is pending. We may also have an autopsy done in case of death where it is not forbidden by law.

LEGAL ACTIONS

No action can be brought to recover on the Certificate for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.

CONFORMITY WITH STATE STATUTES

The provisions of this Certificate must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.

NON-PARTICIPATION

This contract does not participate in Our surplus or earnings.

OTHER INSURANCE IN THIS COMPANY

If a Covered Person is Insured under more than one Accidental death or dismemberment policy, certificate, rider or endorsement in effect with Us or any Torchmark Corporation affiliate at the time of the Covered Person's Loss, the total amount of Benefit for Travel by Common Carrier for such Covered Person's Loss is limited to \$1,000,000. Any Benefit for Travel by Common Carrier in excess of \$1,000,000 will be void and all premiums paid for such excess shall be returned to your beneficiary.

ENROLLMENT FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • OKLAHOMA CITY, OKLAHOMA

YES! Please enroll me and my eligible family members (if family plan is selected) for this optional Group Accidental Death and Dismemberment Insurance Plan.

The coverage I want is:

[☐ Family coverage at \$16.60 per month] [☐ Individual coverage at \$10.95 per month]

Proposed Insured (Please Print)

(First Name)

(Middle Initial)

(Last Name)

Address _____ Apt. _____ City _____ State _____ Zip _____

Date of Birth (Required) _____ / _____ / _____
Mo Day Yr

Male ☐ Female ☐

Telephone(_____) _____ E-Mail Address _____


(Telephone and E-mail Address for Customer Service Use Only)

Beneficiary Designation: All benefits will be paid to you if living. Unless you specify below, any other benefit will be paid to your then-living lawful spouse; otherwise to your then-living lawful children, if any (including stepchildren and adopted children); otherwise equally to your then-living parents or parent; otherwise to your estate.

Beneficiary To Be Paid At Proposed Insured's Death (Please Print)

Relationship To Proposed Insured (Please Print)

I understand that if I send in my enrollment form and do not select a coverage option above, I will be enrolled for individual coverage. I also understand that in order to enroll for this coverage, I must be age 18 through 80, and reside in a state in which this insurance coverage may legally be offered. I also understand that benefits reduce by one-half when a covered person attains age 70. My coverage can never be canceled as long as I pay my premiums and my renewal premiums can never be increased. I may discontinue my coverage at any time. My coverage will become effective on the date stated on my Certificate Schedule Page.

Proposed Insured Signature  _____ Date _____
Mo Day Yr

This enrollment with check or cash should be mailed in the return envelope enclosed. Make check payable to Globe Life And Accident Insurance Company.